



NYC DEPARTMENT OF CITYWIDE ADMINISTRATIVE SERVICES

CITYWIDE TRAINING CENTER APPLICATION

CTC USE ONLY
Input Date: _____
Initials _____

Please review the instructions on reverse side before completing this application

TRAINING APPLICANT INFORMATION					
Today's Date: _____					
Employee Reference Number Required Entry (See Pay stub)			Employee Affiliation: (Check One) <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Non-Government		
Last Name		First Name		Middle Initial	
Civil Service Title			Office Title		
Agency Name				Agency Code	I have changed agencies within the last 2 years <input type="checkbox"/> YES <input type="checkbox"/> NO
Division/Work Unit		Work Address (Street, Room, Floor, Borough, State)			Zip Code
Work Phone	Work Fax	Work E-Mail Address	Home E-Mail Address (Required for CEU transcript request)		

OPTIONAL APPLICANT INFORMATION	
Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity (Check One) <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Black (not of Hispanic Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan native <input type="checkbox"/> Other, please specify

SELECTED COURSE INFORMATION						
Course Code	Course Title	Level	Course Date(s)	# Days	Cost	
1.						
2.						
3.						
4.						
5.						
6.						

CITYWIDE TRAINING CENTER CONFIRMATION/CANCELLATION POLICY	
1.	Your agency training liaison will notify you of your confirmation to attend the class(es) for which you have registered. You should not attend a class for which you have not received a confirmation. If you have not received a confirmation, please check with your liaison.
2.	Requests for cancellations or schedule changes must be received in writing at least 7 business days prior to the start of a confirmed class. Requests received without the required notice will result in a charge of the full course fee. Agencies may designate a qualified participant for substitution up to the commencement of the class without penalty.

APPLICANT SIGNATURE	
_____	_____
Applicant Signature	Date

(OVER)

REVIEW THESE INSTRUCTIONS BEFORE COMPLETING APPLICATION

1. Applicant completes all fields in the TRAINING APPLICANT INFORMATION section and includes required Employee Reference Number (NOT Social Security Number) found on pay stub. First-time, non-City applicants will be assigned a CTC ID number.
2. Applicant completes all fields in the SELECTED COURSE INFORMATION after selecting courses from the current Citywide Training Center Class Schedule or contacts the Agency Training Liaison for additional course information.
3. Applicant forwards completed application to immediate Supervisor for signature and authorization.
4. Supervisor forwards completed application to the appropriate Agency Training Liaison for processing.
5. Agency Training Liaison forwards application to Agency Fiscal Officer or Designee for fiscal authorization.
6. Agency Training Liaison signs and forwards completed, authorized applications to the Citywide Training Center, Applications Processing Unit or processes in NYCAPS Training Administration module.

SUPERVISOR AUTHORIZATION

Supervisor's Name (Print Clearly)		Title
Work Phone	Work Fax	Work E-Mail Address
By my signature, I certify that this employee is authorized for training in the course(s) requested and confirm that this employee has taken, where applicable, the prerequisite basic courses and/or has demonstrated the skill necessary to participate successfully in advanced-level coursework. Additionally, I understand that this employee is excused from normal work assignments during the hours of training and is required to attend the training course(s), as scheduled, once CTC registration confirmation is received by the Agency Training Liaison.		
_____ Supervisor Signature		_____ Date

FISCAL OFFICER/DESIGNEE AUTHORIZATION

Fiscal Officer or Designee's Name (Print Clearly)		Title
Work Phone	Work Fax	Work E-Mail Address
By my signature, I certify that funding in the appropriate budget/object codes is available for the training requested and that all training costs will be paid in accordance with DCAS/Citywide Training Center payment procedures.		
_____ Fiscal Officer/Designee Signature		_____ Date

AGENCY TRAINING LIAISON AUTHORIZATION

Agency Training Liaison Name (Print Clearly)		Title
Work Phone	Work Fax	Work E-Mail Address
By my signature, I certify that I have reviewed this application for content and completeness.		
_____ Agency Training Liaison Signature		_____ Date

The NYC Department of Citywide Administrative Services (DCAS) is committed to Equal Employment Opportunity (EEO) and a policy of non-discrimination in the employment, development, advancement and treatment of City employees. DCAS will provide reasonable accommodations to employees with disabilities who need and request such accommodations.



CITYWIDE TRAINING CENTER
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